

Return application to:

Mansfield Animal Care & Control
407 Industrial Blvd.
Mansfield, TX 76063
(817)276-4799



Low Cost Spay and Neuter Program

In order to qualify for this program you must meet income guidelines, live within the city limits of Mansfield, animals must be current on rabies vaccine, and be licensed with the Animal Care & Control Department. Proof of residence and rabies vaccine must be in writing.

Name _____

Address _____

City & State _____ ZIP _____

Home Telephone _____ Alternate Phone _____

Employer _____

Employer Telephone _____

Total number of members in household _____ Total Monthly Income of all members in household _____

Ages of All Dependents _____

Name and telephone of veterinarian _____

LIST ALL CURRENT ANIMALS IN HOUSEHOLD

DOGS:

1. Name _____ Breed & Weight _____ M or F Age _____ Spayed/neutered Y or N

License number _____ Date of last rabies vaccine _____

2. Name _____ Breed & Weight _____ M or F Age _____ Spayed/neutered Y or N

License number _____ Date of last rabies vaccine _____

3. Name _____ Breed & Weight _____ M or F Age _____ Spayed/neutered Y or N

License number _____ Date of last rabies vaccine _____

4. Name _____ Breed & Weight _____ M or F Age _____ Spayed/neutered Y or N

License number _____ Date of last rabies vaccine _____

CATS:

1. Name _____ Short/ Medium/Long Hair M or F Age _____ Spayed/neutered Y or N
License number _____ Date of last rabies vaccine _____
2. Name _____ Short/ Medium/Long Hair M or F Age _____ Spayed/neutered Y or N
License number _____ Date of last rabies vaccine _____
3. Name _____ Short/ Medium/Long Hair M or F Age _____ Spayed/neutered Y or N
License number _____ Date of last rabies vaccine _____
4. Name _____ Short/ Medium/Long Hair M or F Age _____ Spayed/neutered Y or N
License number _____ Date of last rabies vaccine _____

2012 Poverty Guidelines for the 48 Contiguous States

Persons in family/household	Poverty Guidelines
1	\$11,170
2	\$15,130
3	\$19,090
4	\$23,050
5	\$27,010
6	\$30,970
7	\$34,930
8	\$38,890
For families/households with more than 8 persons, add \$3,960 for each additional person.	

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I attest that I meet the income guidelines as shown on this page: _____

Signature/ Date

-----***Office Use Only - Please do not write below this line***-----

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